

PROFESSIONAL LICENSURE DIVISION[645]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 152B.6, the Board of Respiratory Care hereby gives Notice of Intended Action to amend Chapter 265, “Practice of Respiratory Care Practitioners,” Iowa Administrative Code.

Proposed rule 645—265.3(152B,272C) states that respiratory therapy modalities with the potential for serious side effects shall be administered with the direct supervision of the respiratory therapist. The proposed rule making also adds a definition of “direct supervision.”

Any interested person may make written comments on the proposed amendment no later than April 24, 2013, addressed to Tony Alden, Professional Licensure Division, Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075; e-mail tony.alden@idph.iowa.gov.

A public hearing will be held on April 24, 2013, from 9 to 9:30 a.m. in the Fifth Floor Board Conference Room, Lucas State Office Building, at which time persons may present their views either orally or in writing. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the proposed amendment.

After analysis and review of this rule making, no impact on jobs has been found.

This amendment is intended to implement Iowa Code section 152B.6.

The following amendment is proposed.

Adopt the following new rule 645—265.3(152B,272C):

645—265.3(152B,272C) Concurrent or unsupervised therapy.

265.3(1) The administration of medications delivered to the respiratory tract and other respiratory therapy modalities with the potential for serious side effects shall not be administered concurrently or without the direct supervision of the respiratory therapist caring for a single patient for the duration of the treatment.

265.3(2) “Direct supervision” means that the respiratory therapist must be present where the procedure is being performed and immediately available to furnish assistance and direction throughout the performance of the procedure.